## (REFERENCE COPY - Not for submission) Request to Extend a Full Power FM Engineering STA Application

File Number: 20060707AHE | Submit Date: 07/07/2006 | Lead Call Sign: KLQV | Facility ID: 51164

FRN: **0004945895** 

Status Date: 06/21/2007 Service: Full Power FM Purpose: **STA Extension Status:** Granted

General Information		Section Attachments	Question  Are attachments (other than associated schedules) being filed with this application?			Response	
	Fees,	Section Waivers, Exemptions Waivers	Question  Is the applicant exempt from FCC application Fees? Indicate reason for fee exemption: Is the applicant exempt from FCC regulatory Fees? Does this filing request a waiver of the Commission's rule (s)? Total number of rule sections involved in this waiver request:		Response No ale	No	
Applicant Information		Applicant Name, Type, an	nd Contact Information	A ddwaga	Dhana	Email Applicant	
		Applicant		Address  1999 AVENUE OF THE	Phone	Type	

INTERMART BROADCASTING OF LAS VEGAS, INC.

**Contact Name Address Phone Email Contact Type** 

Question

**SUITE 3050** 

**STARS** 

+1 (310) 556-7600

OTH

Doing Business As: UNIVISION RADIO LICENSE

LOS ANGELES, CA 90067

Response

**United States** 

Contact (0)

Section Representatives Extension Request Request

**CORPORATION** 

**Applicant** 

Please enter the new requested expiration date:

Section Response Certification The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.). The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug **General Certification** Abuse Act of 1988, 21 U.S.C. § 862, because of a **Statements** conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR. See §1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification § 1.2002(c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

## FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID

Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.

## **Authorized Party to Sign**

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

## **Attachments**

	<b>D</b> y	- J PC	Description	<b>Upload Status</b>
D:\data\prod\cdbs\letters\\6\A-1154915 F-51164 L-6947-20060707AHE.pdf	Internal	All Purpose	1	Done with Virus Scan and/or Conversion